

## BATHHOUSE OR MASSAGE SALON BUSINESS OR ATTENDANT LICENSE APPLICATION

Complete in Triplicate

CITY LICENSE (316)-268-4553

Yearly fee Yearly fee

Bathhouse \$500.00 Attendant \$100.00

Massage Salon \$500.00 Attendant Renewal \$50.00

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ALLICANT INFORMA	11011.				
Applicant Name					
Applicant Address				Zip Code	
Marital Status		Sex		Home Phone	
Present Occupation				Previous Occupation	
				(Within last 5 years)	
Length of Wichita				DOB	
Residency					
Country of citizenship	If U.S., is citizenship by birth or naturalization				

## **BUSINESS INFORMATION:**

Business Name	Business Phone
Business Address	Zip Code
If Corporation, date & state of	
Corporation	
Name of Corporation	
Address of Corporation	
Name of Resident Agent or	
Authorized Principal	
Address of Resident Agent or	
Authorized Principal	
Name(s) of Real Property Owner(s)	
& all others having legal or	
equitable interest	

On a separate sheet, list the name, address, date of birth, length of current residency in Sedgwick County, and office held for each of the following:

- Any corporate officer;
- Partner;
- Venture or other organization participant in business entity; and/or
- Stockholders having 5% or more of common stock in the corporation.

As an individual, officer, resident agent, partner, venture, or other organization participant authorized as a Principal to make application, I do hereby declare, swear, or affirm that the foregone information is true and that I and all other persons named herein are citizens of the United States, 21 or more years of age, and have not been convicted or released from imprisonment after conviction of a felony or any crime of moral turpitude within five years immediately preceding the date of this application and that this statement is rendered under oath. Further, I have read and am familiar with the ordinances of the City of Wichita and with the requirements thereof as they pertain to my license.

Date	Signature

## FOR OFFICIAL USE ONLY

	APPROVED	DISAPPROVED
POLICE		
HEALTH		
CID		
CITY MANAGER		
LICENSE#		EXPIRATION